

BEST AVAILABLE COPY

D. Reed
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 08/765244	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		①				
2							52		①				
3							53		①				
4							54		①				
5							55		①				
6							56		①				
7							57		①				
8							58		①				
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	61		72				TOTAL CLAIMS						